

# Administrative methods for the prevention and control of venereal disease in East Germany

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From 1947 onwards the incidence of venereal diseases in the German Democratic Republic steadily declined, reaching its lowest post-war level in 1967, but between 1967 and 1971 the incidence of gonorrhoea increased by 51 per cent., although during the same period the incidence of syphilis was unaltered (Table I).

TABLE I *Incidence of syphilis and gonorrhoea in East Germany, 1947-1971*

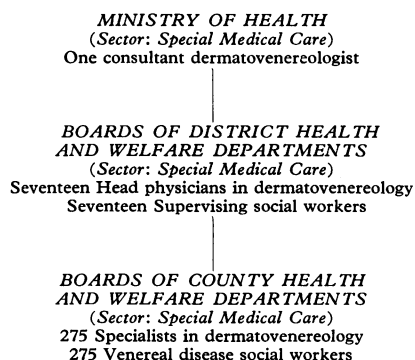
Year	Syphilis		Gonorrhoea	
	No. of cases	No. per 100,000 population	No. of cases	No. per 100,000 population
1947	41,522	220.0	57,241	303.2
1967	388	1.8	18,356	107.4
1971	381	2.2	27,717	162.6

The prevention and control of venereal diseases today is based on experience gained from the application of Antivenereal Orders Nos. 25, 030, and 273 issued by the Soviet Military Administration between 1945 and 1949. Since February 23, 1961, these have been legalized by Government decree, which orders:

- (1) All cases of infectious syphilis, gonorrhoea, chancroid, and lymphogranuloma venereum must be notified.
- (2) The treatment of venereal diseases is restricted to dermatovenereologists (who may treat all types of venereal disease), gynaecologists (gonorrhoea in women), paediatricians (congenital syphilis), and psychiatrists (neurosyphilis).
- (3) All physicians (including specialists in antenatal care and in the blood transfusion service), dentists, and midwives must report patients who are known to have or are suspected of having venereal disease to the health authorities within 48 hours.
- (4) Patients are normally referred to by code in these notifications; for example, the patient's initials, followed by the date of birth and sex. Only in exceptional cases are their names reported.

The antivenereal disease services for the 17.1 million inhabitants of the G.D.R. are organized as shown in Table II.

TABLE II *Administration of venereal disease services in East Germany*



The Ministry of Health (Sector: Special Medical Care) is responsible for issuing instructions to:

- (a) the Boards of District Health and Welfare Departments,
- (b) the Boards of County Health and Welfare Departments.

Each County Board sends an annual report to the District Board, which passes it to the Ministry of Health. The Ministry of Health, in conjunction with the Academy of Further Medical Education, publishes an annual report on venereal diseases in the statistical year book of the Health Authorities. An edited version of this report is sent to the Boards of County Health Departments for guidance.

The Head Physicians in Dermatovenereology of the seventeen Districts are responsible for all the Counties in their districts in respect of:

- (1) Diagnosis and treatment of venereal diseases;
- (2) Rapid and complete contact tracing;
- (3) Inter-State exchange of information on contact tracing;

- (4) Registration and control of highly promiscuous people;
- (5) Ensuring that cases of venereal disease are reported;
- (6) Sexual education of both young people and adults;
- (7) Maintenance of co-operation between practising venereologists and social workers on the one hand, and physicians of other disciplines (including antenatal care and blood transfusion services), dentists, and midwives on the other.

To co-ordinate co-operation within the Counties, commissions for the prevention and control of venereal diseases work under the direction of the County Boards. These commissions are composed of the Head Physician of the County, his chief specialist in dermatovenereology, the senior social worker, members of social services such as youth associations, and the People's Police.

The training of students and specialists in dermatovenereology and the further education of post-graduates are organized as follows. During their fifth year medical students must devote 80 hours to theoretical and practical instruction in dermatology and venereology, both of which are examination subjects. Training for the specialty of dermatovenereology takes 5 years, including 6 months venereology and 6 months internal medicine. The further education of specialists is the responsibility of the Dermatological Society of the G.D.R., which has 486 members, and of the Academy for Further Medical Education. Both these bodies organize central and regional congresses and meetings for post-graduate training. The further education of social workers is the joint responsibility of the Head Physician of the District and of the Central Institute for Nurses and Medical Personnel.